

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

TRANSFER CHART REVIEW

EVERY ENTRY MUST BE DATED AND SIGNEDKEYES Jason
3490602628

DATE		
4/13/06	NEW FACILITY: C76	
	D.O.C. ADMISSION DATE 2/11/06	STATE TRANSFER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C76	RPR DOCUMENTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MS	UA DOCUMENTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2 pm	PPD DOCUMENTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HISTORY COMPLETE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	PHYSICAL EXAM COMPLETE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	ALLERGIES	
	MEDICAL PROBLEMS	FOLLOW UP DATE:
	HCU S/P/C ANKLE INJURY & NERVE DAMAGE (2002) → Come for amputation	
	NEW LABS ORDERED: (LIST)	
	CONSULTS PENDING: (LIST)	
	MEDICATIONS RENEWED: (LIST)	
	MENTAL HEALTH FOLLOWUP	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE
	PT CALLED TO CLINIC	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DISP:	<input checked="" type="checkbox"/> GP <input type="checkbox"/> DETOX <input type="checkbox"/> MO <input type="checkbox"/> INF <input type="checkbox"/> CDU <input type="checkbox"/> ER <input type="checkbox"/> URG
	OK FOR FOOD HANDLERS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	COMPLETED BY:	



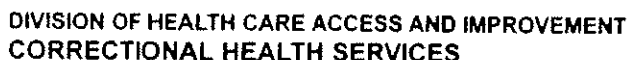
DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

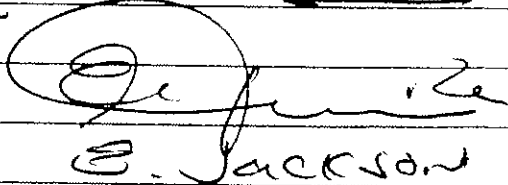
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Ruys, Jason
349 06 02628
DOB 1-13-83

DATE	OBSERVATIONS
	Admission Note
4/18/06 Nic Darr Gron	<p>S: 23 y/o P pt admitted to Nic DAA via Bellevue & C-76 to med Dx of RSD (Reflex Sympathetic Dystrophy) PT states his lower limbs was crushed in a forklift 4 years ago at Home Depot Resulting in this debilitating condition. This RSD condition is characterized by pain, uncontrolled twitching/spasm and weakness. PT denies any other major medical problems. He admits to recent depression and is on medication R/T the physical effects of RSD and life associated life style change.</p> <p>O: PT seen in w/c in TK Room he c/o pain '9' on the pain scale, involuntary muscle spasms observed in C lower extremity. PT quite verbal and appears to be adequately informed Re. This disease entity. U.S. done and</p>



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DATE	OBSERVATIONS
	WOC: BP 118/78 P86 R16 T98.8 WT 201 lbs and stated height of 5'8" was recorded. A: (i) impaired mobility (ii) altered comfort (pain) (iii) Risk for injury all related to this dx of RSD. P: medicated for pain w/c for mobility and exercise reasonable caution to avoid falls and any further injury. PT was oriented to Don to respect to medication and meal times, PT instructed to request meal Nsg. assistance when deemed necessary. On duty MD to evaluate and write Rx orders.  E. Jackson



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CORRECTIONAL HEALTH SERVICES

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Reyes Jason

3490602628

1/13/83

DATE	OBSERVATIONS
4/18/86	MD admitting Note
Nic - D.A. 7 th A	This is a 22 y/o with A/p Reflex sympathetic dystrophy was transfer from BVH because pt is having ambulating difficulty and needs w/c
	Allergy Penicillin
	Surgery declares
	Social: φ smoking φ illicit drugs
	PT was seen and evaluated AAOS on 9/10
	Vitals: 118/78 86 16 98 ⁸
	Heart PE RR 16, NC
	Neck supple
	Chest good air entry B/C, (+) gynecomastia
	Heart S ₁ S ₂ Regular
	abd soft, NC BS
	ext NO edema (+) Puff
	(L) leg pain on palpation
	A/p. Reflex sympathetic dystrophy
	will give pt meds as recommended.
	Neurotic 300 mg
	oxycodone 10 mg PO q 4h + taper down
	Lidocaine patch q 12h PRN
	gymnastic very diff needs
	Neuro consultation submitted
	Regular diet

Habib Kamkhaji, MD



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CORRECTIONAL HEALTH SERVICES

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DATE	OBSERVATIONS
4/18/06	<u>PA NOTE-</u>
MR 1220	23 yo → Admitted to MCH earlier today
1100	Bun 16.4 4/18/06 reflex sympathetic dystrophy
	pmu 26 left ankle pain
	pt seen mms 5 ab
	118/72 98% O ₂ , 16
	110x3 in wheelchair Sunday
At	reflex sympathetic dystrophy
	Oxycodone 50 100 6 120
	Neurontin 300 2 TID
	Lidocaine patch
	Cymbalta 400 as
	Neuro Sulfon
	pt educated given
	encourage compliance
	pt instructed to watch med side of g chs records
	James J. Achari, MD
	James J. Achari, RPA
4/19/06	mms
60	S no do
DGA	O no changes in general condition
	B/P 104/80 72-16 T97° Medicated
	A Fm c health maintenance
	P continue c. POC
	William M

NYC 0000031



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CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

Rajes Jasur
349 06 02628

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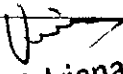

DATE	Nurses note	OBSERVATIONS
4/19/06 RJR D20	S - PT on po antibiotic - use of sympathetic dystrophy. PT & treatment ordered / pain P - Rip oxycodan Neurontin Lidocaine patch - pt still c/o pain med not sufficient. Instructed for reevaluation by primary care provider.	
7/21/06	PA NOTE	
NEC 1272 1030am	23 yo ♂ admitted to NEC 4/18/06 on d/c 7/15/06 reflex sympathetic dystrophy pmx slr severe left ankle sprain pt seen for fall up / pain managed currently taking: Oxycodone 20mg q 12 Hrs Neurontin 300mg TID Cymbalta 70mg qd Lidocaine patch pt seen in NEC - requests meds as given by pain management clinic pt reports of good pain control & th. than meds/doses as per pain management clinic: Oxycodone 20mg q 12 Hrs Cymbalta 60mg qd Prozac 200mg qd Lidocaine patch will ↑ cymbalta from 70mg to 60mg qd will order prozac 200mg qd Neuro consult pending - pt education given pt instructed to notify med staff of any change in condition	



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DATE	OBSERVATIONS
7/24/06	PANKIS
NR 1220 1050m	23 yr → admitted to NIC 7/18/06 Ben d/c 7/17/06 reflex sympathetic dystrophy PMH st left ankle sprain pt now reports f ↓ pain p now change 7/21/06 12hr, 99% bc ic 1.0.3 in wheelchair HCCU fac care chest chest & shoulder cvt sc neck nbj s.c.t @ base sun eat NOTE edematous/discoloration 11, <u>Reflex Sympathetic Dystrophy</u> Oxycodone 20m q 12 hours Neurontin 300m TID cymbalta 40m 60m qd Lidocaine patch provigil 200m qd neuro consult pending pt educate given pt instructed to watch med shelf of g chgs in case clear for transfer to over 3
	 Adriana Vives, MD
	 James Patrick, RPA



**DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES**

PROGRESS NOTE

REFS, JASON

3 4 9 0602628

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DATE	OBSERVATIONS
4/25/06	SZ PA NOTE
NIL IN 3700	✓ REQUEST SIDE RAILS FOR ACP HELP E MOVEMENT y ORIENT X 3 FULL RANGE ASPECT LOOKS WELL A) PMVX REFLEX SYMPATHETIC OYSTAPHX ① MENS (TUNNEL) REORDEREN MEXANTIN / OXYCONTIN / LYMANAT / PROVIC PT EL MORA EUTL IF / UNPERSTAND
	Harjinder Bhatti, MD Thomas Schwener, PA
4/26/06	SZ
NIL IN 2 nd	✓ CLO ITALL TO BACK ESSECIALLY ARMS REQUEST II MATRESS w AC 128/72 C95 N 14 Hour - RR / LUNG CTN ARMS = hyperkeratotic papules (FEM) A) OPERATIVE C) HC II CREAM TOPICAL ARMS BID x 14d PT EL SAM CABP NOTE FX II MATRESS SUBMITTEN PT EL MP ICA EUTL AF ILU / UNPERSTAND
	Harjinder Bhatti, MD Thomas Schwener, PA



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CORRECTIONAL HEALTH SERVICES

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REYES, TASON
344 0602628

DATE	OBSERVATIONS
4/27/06	PA NOTE
NIL N	CHRONIC PAIN MGR (RENEWAL)
9:30 A	<p>OXYCONTIN SR 20mg PO BID x 7d</p> <p>CYMBALTA 60mg PO QD x 7d</p> <p>PROVIGIL 200mg PO QAM x 7d</p>
	<p>Harjinder Brar, MD</p> <p>Thomas Schwane, PA</p>
5/3/06	PA NOTE
NIL N	<p>- PATIENT REQUESTING AIR MATTRESS</p> <p>- NOTE FOR A MATTRESS WAS ORDERED</p> <p>END</p>
	<p>Thomas Schwane, PA</p>
5/3/06	SL IT NOTE
NIL N	<p>- REQUEST MEDICATION TO BE GIVEN Q 6 HS</p> <p>AS PRESCRIBED BY PMA</p> <p>- REQUEST TO SEE PHYSICIAN</p> <p>COMPLAINING IN FOOD GIVES HIM NAUSEA + VOMIT</p> <p>AND COMPLAINING OCCURS WHEN THE MEDS</p> <p>ARE NOT ANY GOOD SLEEP IN PAST A FEW TIMES</p> <p>- FEELS WELL</p> <p>NO ADDITIONAL PAIN</p> <p>W T AS AT 120/70 180 RIT</p> <p>NIH SUPPLY</p> <p>PROG. OKOR BULGE CLEAR</p> <p>11:00 PM 5 M, 2005 11</p>



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REYES, JASON
344 06 02625

DATE	OBSERVATIONS
5/4/06	<p>ADN AS NORM NO DISTENSION soft non tender</p> <p>ABDOMINAL PAIN EXAM</p> <p>1) PT HX MILD NAUSEA ON NOW</p> <p>NORM ABN EXAM</p> <p>2) PT ED / MILD PAIN IF ILL / UNFASTENED</p>
	Thomas Schwane, PA
5/4/06	<p>SC IN NOTE</p> <p>3) STILL 2 CONJUGATE</p> <p>3) ISF</p> <p>FEELS WELL</p> <p>4) ORIENT X3 FULL RANGE MOTILITY</p> <p>5) RSO STABLE</p> <p>6) CONTINUE CURRENT TX</p> <p>PT ED ON A.W.P. CAMP</p> <p>PT CONSULT PLACED (RSD)</p> <p>M.D. EVAL IF ILL / UNFASTENED</p>
	<p>Thomas Schwane, PA</p> <p>Harjinder Bhatti, MD</p>
5/5/06	<p>IN NOTE</p> <p>4) RSO STABLE</p> <p>5) CONTINUE CURRENT TX</p> <p>6) PT ED ON A.W.P. CAMP</p> <p>7) PT CONSULT PLACED (RSD)</p> <p>8) M.D. EVAL IF ILL / UNFASTENED</p>
	<p>Harjinder Bhatti, MD</p> <p>Thomas Schwane, PA</p>
5/5/06	<p>IN NOTE</p> <p>9) RSO STABLE</p> <p>10) CONTINUE CURRENT TX</p> <p>11) PT ED ON A.W.P. CAMP</p> <p>12) PT CONSULT PLACED (RSD)</p> <p>13) M.D. EVAL IF ILL / UNFASTENED</p>
	<p>Harjinder Bhatti, MD</p> <p>Thomas Schwane, PA</p>

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and MENTAL HYGIENE

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CHS 288 (Rev. 3/05)



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CORRECTIONAL HEALTH SERVICES

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REFFS, TASON
3490602028

DATE	OBSERVATIONS
9/9/06	g T98 B: 100/64 P72 R14
CONT'	NECK SWELLING NO SWELLING
	PHARYNX CLEAR TR CLEAR PULS CLEAR
	PERITONEAL PAIN
	A) TENDON TIE HEADACHE
	B) TENDON GSS 2 10 P. X 42
	PT EL MODERATE IF 20/ UNRESTANT
	<i>Handwritten signature: Bhatti, MD</i>
	Thomas Schwaner, PA
5/11/06	PA VOTE
NEED	CHRONIC PAIN MGR
415P	OXYCONTIN 20mg PO BID X 72
	CYMBALTA 60mg PO QD X 72
	PROVIGIL 200mg PO QAM X 72
	LIDOCaine PATCH IF WP X 302
	Thomas Schwaner, PA
	<i>Handwritten signature: Georges, MD</i>
	Lic #198367
5/11/06	PA VOTE SC
NEED	5) PAIN E QUEST OF PAIN MGR
321A	g OXYCONTIN X 3 FULL RANGE EFFECT
31A	A) PMHA PSP
	B) PT EL CONTINUED QUEST TR
	MODERATE IF 20/ UNRESTANT
	<i>Handwritten signature: Faisal Ali, MD</i>
	Thomas Schwaner, PA



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REYES, JASON

349 0602628

DATE	OBSERVATIONS
5/17/06	CA NOTE
NIC 03	PATIENT WAS OFFERED TO RT 5/14/06 FOR ESD
840A	PATIENT SEEN SLOC RECONFMS FILE TIME
	FILE IT CONSULT PLACED 5/17/06
	Faisal Ali, MD
	Thomas Schwaner, PA
5/18/06	SE CA NOTE
NIC 03	CLINICAL SKIN
1150A	IMPRESSION E' ↓ DOWN + RT
	REQUEST OXYCONTIN 2 GMS AS (P/R R/B/P)
	BY PMN
	THE AC 130/70 P 74 RIT
	P/R R/B
	HEART PR 5 m/ UNUS CTA
	ARM TOWNS E' FEW CALUS
	A) APPROPRIATE IMPROVEMENT
	ESD
	B) HC 1.0 cream TOWNS RIT x 142
	RT E2 SKIN CARE
	DIC OXYCONTIN RT E2
	MS CONTIN 15 2 (2) B.0 x 72
	RT E2 MOIHA FUA IF FOL; UNDERSTAND

1954年10月1日
1954年10月1日
1954年10月1日

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GHS 232 (Rev. 2/05)

Frederick Jay

PROGRESS NOTE

REYES, JASON
349 0602628

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DATE	OBSERVATIONS
5/22/06	PA NOTE
NIC D2	CHRONIC MIN MGT MED RESPONSE
SP11	MS CONTIN IS \rightarrow PO BID $\times 72$
	CYMECTA \rightarrow PO QD $\times 72$
	PHOSPHOL 200 \rightarrow PO QAM $\times 72$
	Thomas Schwaner, PA MD George, MD
5/25/06	SC PA NOTE
NIC D2	5) REQUESTS TO D MS CONTIN BACK TO OXYCONTIN
10451	STATES THAT MS CONTIN MAKES HIM NAUSEA
	+ CHEST TIGHT FEELS SAD AT TIMES REQUEST RIN
	REQUEST FOR PAINKILLER FOR RSN TO DORN 2
	2) T98 AC 110/70 PZ P14
	Pharynx clear
	Heart RR 5 m / Lungs CTA / ABD soft NONTEN
	(L) FOOT HYPERSENSITIVE TO TOUCH
	SLIGHT HYPERIC TO C/ITFEL
	A) RSN ANXIETY REDUCED CHEST TIGHTNESS
	P) - NEUROLOGIST CONSULT' CLAREN
	- DIC MS CONTIN
	- OXYCONTIN 202 PO BID $\times 72$
NEW U1	12/30 \rightarrow TO DORN 2 FOR FURTHER RSN
	Thomas Schwaner, PA



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CORRECTIONAL HEALTH SERVICES

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REFS, TASON
344 060 2628

DATE	OBSERVATIONS
5/25/00	C/O CHEST PAIN TIGHTNESS X 4 days
NIL O ₂	MID ANT CHEST E RADIATION TO (R) ARM
11-	+ (R) ARM PAIN WORSE E DEEP BREATH
	C/O NUMBNESS TO (R) ARM
	NOTED PAIN SINCE A OUTPATIENT TO MS CONTIN
	PAIN INTENSITY 8/10 AT TIMES
	NO HX HEART DISEASE
	NO FAMILY HX HEART DISEASE
	T 98 P 84 R 16 BP 120/70
	NO TUN
	PPRUA
	HEART RL 5M
	LUNGS CTR
	Abd soft non tender
	NO peripheral edema
	ECG NSR ABN T WAVE INVERSION (A) (NON SYMMETRIC)
	T WAVE INVERSION ALL LEADS NO ISCHEMIA
	S - SCORE E NEGATIVE
	- ECG FAXED TO ARGELARE
	POSSIBLE ISCHEMIC CHEST PAIN
	O ₂ IS C/M / IN MS TRX / MONITOR
	EMS ARRIVED 115M LEFT 120 PM
	SEEN W/ DR TH (R)
	Faisal Ali, MD



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CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

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Reyes Jason
349 060 2628

DATE	OBSERVATIONS
5/25/06 NIC LA 1 ²⁰ P	<p>3/0 - Pt brought to TX Room c/o chest pain x 2 days, alert, oriented x 3 PT c/o weakness, BP = 110/70, P = 72, R = 14, T = 78.0.</p> <p>H/R - VS, EKG done, O₂ 15% given by none. Rebreather mask as ordered. EKG call @ 12:50 PM A R Rive 10 P Left @ 1:20 PM C PT stable, alert, oriented.</p> <p>Job # 1587 Op # 8621 J/B Jeanine Jean-Baptiste, RN</p>
5/27/06 2 ⁰⁰ P	<p>H.R.</p> <p>Pt was sent to ER 2 days ago w/ CP. MI ruled out, died cardiomyopathy. Pt has flx reflex sympathetic dystrophy currently asymptomatic.</p> <p>Px R: BP 130/90, 1 G. 90. Neck supple Chest - mild tenderness @ 4th-5th R LTS, etc ABD - Scars 3/4 Ext - mild tenderness LLE CNS - a good sleep</p> <p>AP - cardiomyopathy Reflex sympathetic dystrophy Dx sent inst.</p>

NYC 0000044



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CORRECTIONAL HEALTH SERVICES

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KEYES, JASOS
344 0602 628

OBSERVATIONS

DATE

5/30/06

PA NOTE

MLC D₃

CHRONIC PAIN MGR

415 A

LIDOCaine (PITCH) 700mg QD x 3d

OXYCODONE SR 20mg PO BID x 7d

MEFENAMIC 1000mg PO TID x 3d

CYMARTIN 60mg PO QD x 7d

PROVIGIL 20mg PO QAM x 7d

Thomas Schwane, PA

~~Maria E. Schwaner, MD~~
1/1/2007

5/30/06

SL PA NOTE

MLC D₃

REQUESTS PREVIOUS WHEEL CHAIR

THAT HE HAD PRIOR TO PA RUN

PATIENT IN QUESTION ON MEDICATION

MARKED PAIN IN CHEST PAIN

NOTED SLIGHTLY IN DEEP BREATH

① T98 BP 120/70 C29 R16

HEART RR 5m

WOUND LTA

SLIGHT TENDER ANT CHEST

② CUSTODY/COMMITTEE

12x RSD

③ PA BL

/ MOTHER FUAL IF E-

/ MOTHER FUAL

NYC 0000045

Thomas Schwane, PA

PA



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CORRECTIONAL HEALTH SERVICES

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Reyes, Juan
3490602628

DATE	OBSERVATIONS
5/30/06 MIC-Inf D-3 8 ⁰⁰ AM	
	Redacted
6/1/06 5:45 AM	MD note pt refuses clinic appt @ BWH. Risks, Benefits, alternatives explained pt states he can not go today but agrees to be reached. He is/will try to be reached. Appt
	Habib Kamkhaji, MD <i>[Signature]</i>
6/2/06 MIC 10A	PA MSTE CHRONIC PAIN MGR COMBASA 60 → 10 QOX 72 PRIVIGAL 20mg 10 QAM x 72 OXYCONTIN 20mg 10 BID x 72

NYC 0000046



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CORRECTIONAL HEALTH SERVICES

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REFSI TASON

344 0602 628

DATE	OBSERVATIONS
2/2/02	SC PA NITE
NIL 03	PATIENT 2 QUEST ON NERS
WAFD	STILL 14IN CHEST 2 MOVEMENTS
1230	<p>② T98 BC 130/80 172 114</p> <p>HEART RATE</p> <p>WUGS 172</p> <p>CHEST ANT + (R) WITH LUNGE TENDR</p> <p>2 INJECTION</p> <p>(A) COSTOCHONDRITIS</p> <p>(C) CONTINUE CURRENT TX</p> <p>PTEL MALT EUNE IF 200/ UNPERSOON</p>
	<p>Thomas Schwane, PA</p> <p><i>[Signature]</i></p>
6/2/06	PA NITE
NIL 03	CHRONIC PAIN MGN (MCA) RECURRENT
4/5 A	<p>COMPARIA 60mg PO QD x 7d</p> <p>PRIVIGIL 20mg PO QAM x 7d</p> <p>OXF (CONTIN SR 20mg PO BID x 7d</p> <p>NEUROLOGY (B4) ^(RE SUBMITTED) CONSULT 6/6/06</p>
	<p><i>[Signature]</i></p> <p>Thomas Schwane, PA</p> <p><i>[Signature]</i></p> <p>Roslynn Glicksman, MD</p>

Jason Reyes
34904 02628

DATE	OBSERVATIONS
6/6/06 NIC 11 ⁰⁵ am	<p>Client new d can w response to 2nd opinion - Pt on all Rx as recommended Physical therapy 6wks reported last week C my PT. I refused new course 6/1/06. Assist - Gmmt Grant can, new course recommended. Plan - Pt to continue Rx + Rx</p> <p style="text-align: right;">Rostlynn Glicksman, MD</p>
6/6/06 NICD3 1:10pm	<p>D/C planning Note: Client seen today and was offered discharge planning services. Client reports that he does not need discharge planning services. Client reports that he is not homeless and currently receives 840.00 for workers Comp. Client reports that he has active Health Benefits. Client is scheduled to be released on 6/14/06. Client signed a declination form refusing all services.</p> <p style="text-align: right;">Monique Andersen, MSW D/C Planner</p>

3 Filed 11/26/2007 Page 23 of 25

Jason Reyes
349.0602628

DATE	OBSERVATIONS
9/9/06	CASEWORKER Note: NIC This Worker met with the DORM about named Client to finish up 3 Mental Health Discharge Planning Services. M.H.
	Redacted
	Mary FURMAN - CASEWORKER -

**New York City Health and Hospitals Corporation
Office of Correctional Health Services
PSYCHOSOCIAL EVALUATIONS**

Patient's Name Reyes, Jason		Date 5/20/00
Book & Case Number 3490602628	NYS ID Number	Patient's Soc. Sec. Number Unknown

Redacted

(Include source of referral and patient's complaint)

Pt. is a 23 y/o male, referred by medical staff due to
c/o of feeling depressed at times.
Pt. c/o of feeling depressed after his medical condition
(reflex sympathetic dystrophy) + chronic pain in 2003,
c/o of sadness, & energy, sleep, too much, & self esteem.

HISTORY OF PRESENT ILLNESS (Include onset of current episode, symptoms, degree of impairment in functioning, stressors experienced).

Redacted

II. CURRENT CHARGES (Include source of referral and patient's complaint)

Attorney Name

Arrest No.

Sentence

Length of Stay

Discharge Date

ARREST, INCARCERATION HISTORY

Date of Arrest

Charges

Conviction
Yes / No

Sentence
Length

Time
Served

Parole
Status

Redacted

Comment How well did patient cope with prior incarceration? Explain.

Redacted

III. EDUCATION HISTORY

LAST GRADE COMPLETED

ACADEMIC FUNCTIONING

Redacted

SCHOOL BEHAVIOR (Delinquency, fighting, fire setting)

Redacted

NYC 0000050

IV. FINANCIAL DATA/ EMPLOYMENT HISTORY

☐ PA ☐ SSI ☐ VA ☐ Unemployment Insurance ☐ OTHER (Describe)

EVER EMPLOYED?

V. FAMILY HISTORY

FAMILY OF ORIGIN (Parents, Siblings, Ages, Significant events and relationships)

(Y)

Redacted

VI. HISTORY OF PHYSICAL AND/OR SEXUAL ABUSE

A. Was there any evidence that the patient was physically abused?

res, flashbacks or withdrawal)

B. Was there any evidence (medical exam) that the patient was sexually abused?

C. Was there any evidence that the patient physically abused other children?

Redacted

D. Was there any evidence that the patient sexually abused other children?

VII. SUBSTANCE / ALCOHOL USE

SUBSTANCE (Include Alcohol)

AGE BEGAN

DURATION

QUANTITY

ROUTE OF ADMINISTRATION

SUBSTANTIAL EFFECT

SUBSTANTIAL EFFECT (Include Alcohol)

Redacted

VIII. MEDICAL HISTORY / PROBLEMS

CURRENT MEDICAL COMPLAINTS RECORDED IN CHART

- (1) Reflex ~~Basal~~ sympathetic Nervous System -
 dysregulation -
 (2) Chronic Pain

CURRENT MEDICATION AND ITS SIDE EFFECTS, IF ANY

Oxycontin
 Neurontin 300mg BID - cymbalta

HISTORY OF HEAD TRAUMA (Loss of consciousness or hospitalization)

None

ALLERGIES

none

Redacted

IX. PSYCHIATRIC HISTORY (Include prior episodes, dates, symptoms, treatment and response to treatment for identified and non-identified conditions)

medication, and diagnosis if known.

Redacted

NYC 0000051